

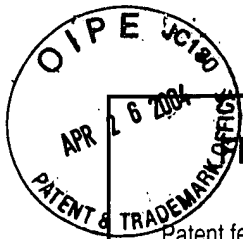


TRANSMITTAL FORM	Application Number	09/941,183
	Filing Date	8-27-01
	First Named Inventor	BIT-BABIK, GEORGI
	Group Art Unit	2821
	Examiner Name	Chen, Shih Chao
Total Number of Pages in this Submission	Attorney Docket No.	CM03482J

ENCLOSURES		(check all that apply)
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Licensing-Related papers	<input type="checkbox"/> Appeal Communication to Group {Appeal Notice, Brief, Reply Brief}
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/Declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter with appropriate copies
<input type="checkbox"/> Extension of time Request	<input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address	<input type="checkbox"/> Other Enclosure(s) (please identify below)
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Response to Restriction Requirement
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	<input type="checkbox"/> Associate Power of Attorney
<input type="checkbox"/> Certified Copy of Priority Documents	<input type="checkbox"/> CD, Number of CDs	<input type="checkbox"/> RCE
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application	Remarks	
<input type="checkbox"/> Response to Missing Parts Under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm or Individual	Barbara R. Doutre	Registration No.	39,505
Signature			
Date	4/22/04		

CERTIFICATE OF MAILING	
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage thereon, as first-class mail, in an envelope addressed to: Mail Stop Non-Fee Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date listed below:	
Typed or printed name	Maria E. Rodriguez
Signature	
Date	4/22/04



ISSUE TRANSMITTAL for FY 2003 Patent fees are subject to annual revision		Complete if Known	
		Application No.	09/941,183
		Filing Date	8-27-01
		First Named Inventor	BIT-BABIK, GEORGI
		Examiner Name	Chen, Shih Chao
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Group Art Unit	2821
TOTAL AMOUNT OF PAYMENT	(\$) 0.00	Attorney Docket No.	CM03482J

METHOD OF PAYMENT (check all that apply)				FEE CALCULATION (continued)																																																													
<input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None				3. ADDITIONAL FEES																																																													
<input checked="" type="checkbox"/> Deposit Account																																																																	
Deposit Account Number 50-2117																																																																	
Deposit Account Name Motorola, Inc.																																																																	
The Commissioner is hereby authorized to: (check all that apply)																																																																	
<input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayment																																																																	
<input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application, except for issue fee																																																																	
<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.																																																																	
FEE CALCULATION																																																																	
1. BASIC FILING FEE																																																																	
<table border="1"><thead><tr><th colspan="2">Large Entity</th><th colspan="2">Small Entity</th><th rowspan="2">Fee Description</th><th rowspan="2">Fee Paid</th></tr><tr><th>Fee Code</th><th>Fee \$</th><th>Fee Code</th><th>Fee \$</th></tr></thead><tbody><tr><td>1001</td><td>770</td><td>2001</td><td>370</td><td>Utility filing fee</td><td></td></tr><tr><td>1006</td><td>770</td><td>2006</td><td>370</td><td>Utility filing fee CPA</td><td></td></tr><tr><td>1002</td><td>330</td><td>2002</td><td>165</td><td>Design filing fee</td><td></td></tr><tr><td>1007</td><td>330</td><td>2007</td><td>165</td><td>Design filing fee CPA</td><td></td></tr><tr><td>1003</td><td>510</td><td>2003</td><td>255</td><td>Plant filing fee</td><td></td></tr><tr><td>1004</td><td>750</td><td>2004</td><td>370</td><td>Reissue filing fee</td><td></td></tr><tr><td>1005</td><td>160</td><td>2005</td><td>80</td><td>Provisional filing fee</td><td></td></tr><tr><td colspan="4">SUBTOTAL (1)</td><td colspan="2">(\$)</td></tr></tbody></table>				Large Entity		Small Entity		Fee Description	Fee Paid	Fee Code	Fee \$	Fee Code	Fee \$	1001	770	2001	370	Utility filing fee		1006	770	2006	370	Utility filing fee CPA		1002	330	2002	165	Design filing fee		1007	330	2007	165	Design filing fee CPA		1003	510	2003	255	Plant filing fee		1004	750	2004	370	Reissue filing fee		1005	160	2005	80	Provisional filing fee		SUBTOTAL (1)				(\$)					
Large Entity		Small Entity		Fee Description	Fee Paid																																																												
Fee Code	Fee \$	Fee Code	Fee \$																																																														
1001	770	2001	370	Utility filing fee																																																													
1006	770	2006	370	Utility filing fee CPA																																																													
1002	330	2002	165	Design filing fee																																																													
1007	330	2007	165	Design filing fee CPA																																																													
1003	510	2003	255	Plant filing fee																																																													
1004	750	2004	370	Reissue filing fee																																																													
1005	160	2005	80	Provisional filing fee																																																													
SUBTOTAL (1)				(\$)																																																													
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE																																																																	
<table border="1"><thead><tr><th colspan="2"></th><th colspan="2">Extra Claims</th><th colspan="2">Fee from below</th><th colspan="2">Fee Paid</th></tr><tr><th>Total Claims</th><th></th><th></th><th></th><th></th><th></th><th></th><th></th></tr></thead><tbody><tr><td>36</td><td>-53*</td><td></td><td></td><td>18</td><td></td><td>0</td><td></td></tr><tr><td>Independent</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>Claims</td><td>4</td><td>-7*</td><td></td><td>86</td><td></td><td>0</td><td></td></tr><tr><td>Multiple Dependent</td><td></td><td></td><td></td><td>280</td><td></td><td></td><td></td></tr></tbody></table>						Extra Claims		Fee from below		Fee Paid		Total Claims								36	-53*			18		0		Independent								Claims	4	-7*		86		0		Multiple Dependent				280																	
		Extra Claims		Fee from below		Fee Paid																																																											
Total Claims																																																																	
36	-53*			18		0																																																											
Independent																																																																	
Claims	4	-7*		86		0																																																											
Multiple Dependent				280																																																													
<table border="1"><thead><tr><th colspan="2">Large Entity</th><th colspan="2">Small Entity</th><th rowspan="2">Fee Description</th><th rowspan="2">Fee Paid</th></tr><tr><th>Fee Code</th><th>Fee \$</th><th>Fee Code</th><th>Fee \$</th></tr></thead><tbody><tr><td>1202</td><td>18</td><td>2202</td><td>9</td><td>Claims in excess of 20</td><td></td></tr><tr><td>1201</td><td>84</td><td>2201</td><td>42</td><td>Independent claims in excess of 3</td><td></td></tr><tr><td>1203</td><td>280</td><td>2203</td><td>140</td><td>Multiple dependent claim, if not paid</td><td></td></tr><tr><td>1204</td><td>84</td><td>2204</td><td>42</td><td>**Reissue independent claims over original patent</td><td></td></tr><tr><td>1205</td><td>18</td><td>2205</td><td>9</td><td>**Reissue claims in excess of 20 and over original patent</td><td></td></tr><tr><td colspan="4">SUBTOTAL (2)</td><td colspan="2">(\$)</td></tr></tbody></table>				Large Entity		Small Entity		Fee Description	Fee Paid	Fee Code	Fee \$	Fee Code	Fee \$	1202	18	2202	9	Claims in excess of 20		1201	84	2201	42	Independent claims in excess of 3		1203	280	2203	140	Multiple dependent claim, if not paid		1204	84	2204	42	**Reissue independent claims over original patent		1205	18	2205	9	**Reissue claims in excess of 20 and over original patent		SUBTOTAL (2)				(\$)																	
Large Entity		Small Entity		Fee Description	Fee Paid																																																												
Fee Code	Fee \$	Fee Code	Fee \$																																																														
1202	18	2202	9	Claims in excess of 20																																																													
1201	84	2201	42	Independent claims in excess of 3																																																													
1203	280	2203	140	Multiple dependent claim, if not paid																																																													
1204	84	2204	42	**Reissue independent claims over original patent																																																													
1205	18	2205	9	**Reissue claims in excess of 20 and over original patent																																																													
SUBTOTAL (2)				(\$)																																																													
Other fee (specify)																																																																	
SubTOTAL (3)				\$																																																													

SUBMITTED BY		Complete (if applicable)	
Name (Print)	Barbara R. Doutre	Registration No. (Attorney/Agent)	39,505
Signature	<i>Barbara R. Doutre</i>	Telephone:	(954) 723-6449
		Date	4/22/04